

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Hawaii Republican Party

ADDRESS (number and street)

725 Kapiolani Boulevard

Suite 105

☐ Check if different than previously reported. (ACC)

Honolulu

HI

96813-6027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085506

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer GEORGE KEKUNA

Signature of Treasurer

GEORGE KEKUNA

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Hawaii Republican Party

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
04		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td>7</td><td>2</td><td>9</td><td>6</td><td>4</td><td>.</td><td>4</td><td>4</td></tr></table>	7	2	9	6	4	.	4	4
Y	Y	Y	Y	Y																
2015																				
7	2	9	6	4	.	4	4													
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td>8</td><td>9</td><td>0</td><td>1</td><td>6</td><td>.</td><td>7</td><td>6</td></tr></table>	8	9	0	1	6	.	7	6											
8	9	0	1	6	.	7	6													
(c) Total Receipts (from Line 19)	<table><tr><td>1</td><td>2</td><td>1</td><td>1</td><td>3</td><td>.</td><td>6</td><td>1</td></tr></table>	1	2	1	1	3	.	6	1	<table><tr><td>1</td><td>0</td><td>9</td><td>8</td><td>8</td><td>4</td><td>.</td><td>7</td><td>6</td></tr></table>	1	0	9	8	8	4	.	7	6	
1	2	1	1	3	.	6	1													
1	0	9	8	8	4	.	7	6												
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td>1</td><td>0</td><td>1</td><td>1</td><td>3</td><td>0</td><td>.</td><td>3</td><td>7</td></tr></table>	1	0	1	1	3	0	.	3	7	<table><tr><td>1</td><td>8</td><td>2</td><td>8</td><td>4</td><td>9</td><td>.</td><td>2</td></tr></table>	1	8	2	8	4	9	.	2	
1	0	1	1	3	0	.	3	7												
1	8	2	8	4	9	.	2													
7. Total Disbursements (from Line 31).....	<table><tr><td>1</td><td>6</td><td>9</td><td>2</td><td>2</td><td>.</td><td>0</td><td>3</td></tr></table>	1	6	9	2	2	.	0	3	<table><tr><td>9</td><td>8</td><td>6</td><td>4</td><td>0</td><td>.</td><td>8</td><td>6</td></tr></table>	9	8	6	4	0	.	8	6		
1	6	9	2	2	.	0	3													
9	8	6	4	0	.	8	6													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td>8</td><td>4</td><td>2</td><td>0</td><td>8</td><td>.</td><td>3</td><td>4</td></tr></table>	8	4	2	0	8	.	3	4	<table><tr><td>8</td><td>4</td><td>2</td><td>0</td><td>8</td><td>.</td><td>3</td><td>4</td></tr></table>	8	4	2	0	8	.	3	4		
8	4	2	0	8	.	3	4													
8	4	2	0	8	.	3	4													
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="8">0</td></tr></table>	0																		
0																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="8">0</td></tr></table>	0																		
0																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Hawaii Republican Party

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y
04	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3075

72697.9

(ii) Unitemized

5522.9

30403.45

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8597.9

103101.35

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

8597.9

103101.35

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

387.81

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.39

2.51

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

3514.32

6393.09

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

3514.32

6393.09

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

12113.61

109884.76

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

8599.29

103491.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	1976.82	3596.13
(ii) Non-Federal Share.....	3514.32	6393.09
(b) Other Federal Operating Expenditures	11430.89	82651.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16922.03	92640.86
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	6000
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	6000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16922.03	98640.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13407.71	92247.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8597.9	103101.35
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8597.9	103101.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	13407.71	86247.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	387.81
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	13407.71	85859.96

: 97 'A-G79 @C B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Additional Notes With Regards to H3

Transfers_____ 4/1/2015 transfer for
 \$959.59: Allocation_____ 4/14/2015
 transfer for \$2,554.73: Allocation from State to Federal Bank_____

Form/Schedule: F3XN

Transaction ID:

There are no expenditures or disbursements for public communications that refer to a clearly identified candidate for Federal office or that promote, support, attack or oppose any candidate for Federal office as defined under CFR Section 100.24. Further, there are no public communications that contain express advocacy as defined under 11 CFR Section 100.22. There is no portion of any expenditure made on behalf of a specifically identified Federal candidate under 11 CFR section 104.3(b) and 106.1. There were no salary or wage payments as defined under 11 CFR Section 100.24 and required to be reported on Schedule B Line 30(b) of the Detailed Summary Page.

Note: 100% of all salary is reported on Line 21(b) unless an employee of the State Party spends more than 25% of their time during that month on activities in connection with the Federal Election activity.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Elizabeth K Toulon

Mailing Address PO Box 666

City

Koloa

State

HI

Zip Code

96756-0666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 134366-107201-c

Amount of Each Receipt this Period

150

Full Name (Last, First, Middle Initial)

B. James T. Chinn

Mailing Address 5601 Halepa Place

City

Honolulu

State

HI

Zip Code

96821-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 61636-107202-c

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

C. Bradford S Burton

Mailing Address 2243 Okoa Street

City

Honolulu

State

HI

Zip Code

96821-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer

HPMG

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 110404-107212-c

Amount of Each Receipt this Period

25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Andres E. Mukk

Mailing Address 95-1031 Kahakiki Street

City
Mililani

State
HI

Zip Code
96789-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Booz Allen Hamilton

Occupation

Defense Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250

Date of Receipt

04 / 16 / 2015

Transaction ID : 129167-107213-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

B. Ms. Barbara B Tilley

Mailing Address 4389 Malia Street

City
Honolulu

State
HI

Zip Code
96821-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300

Date of Receipt

04 / 17 / 2015

Transaction ID : 134279-107227-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

C. Helen M Frowick

Mailing Address 201 Ohua Avenue
Apt. T1-2806

City
Honolulu

State
HI

Zip Code
96815-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250

Date of Receipt

04 / 17 / 2015

Transaction ID : 135782-107223-c

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Janice M. Hellreich

Mailing Address 225 Kuuhua Place

City

Kailua

State

HI

Zip Code

96734-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Speech Pathologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1950

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2015

Transaction ID : 27743-107217-c

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

B. Ms Carol L Yokota

Mailing Address 716 Lukepane Avenue

City

Honolulu

State

HI

Zip Code

96816-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2015

Transaction ID : 135695-107196-c

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

C. Eric Ching

Mailing Address 1319 Ala Alii Street

City

Honolulu

State

HI

Zip Code

96818-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer

CC Repair & Maintenance Svc

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

716.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2015

Transaction ID : 136786-107193-i

Amount of Each Receipt this Period

98.04

In-Kind: Water Cooler Maintenance

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

398.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Ms. Patricia O Lohr

Mailing Address 1296 Kapiolani Boulevard
Apt. 2906

City Honolulu State HI Zip Code 96814-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

04 / 20 / 2015

Transaction ID : 27849-107190-i

Amount of Each Receipt this Period

1000

In-Kind: Mortgage Principal

Full Name (Last, First, Middle Initial)

B. Eric Ching

Mailing Address 1319 Ala Alii Street

City Honolulu State HI Zip Code 96818-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CC Repair & Maintenance Svc

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.05

Date of Receipt

04 / 21 / 2015

Transaction ID : 136786-107340-i

Amount of Each Receipt this Period

18.01

In-Kind: In Kind - Water

Full Name (Last, First, Middle Initial)

C. Marcia J Klompus

Mailing Address PO Box 2119

City Honolulu State HI Zip Code 96805-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400

Date of Receipt

04 / 22 / 2015

Transaction ID : 110742-107298-c

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1118.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Philip D Hellreich M.D.

Mailing Address 225 Kuuhua Place

City

Kailua

State

HI

Zip Code

96734-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kailua Dermatology Assoc Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400

Date of Receipt

04 / 22 / 2015

Transaction ID : 123976-107290-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

B. Katherine H Thomason

Mailing Address 44-166 Nanamoana Street

City

Kaneohe

State

HI

Zip Code

96744-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMS LLC

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010

Date of Receipt

04 / 22 / 2015

Transaction ID : 134228-107289-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

C. Linda G Bruckner

Mailing Address 46-231 Heeia Street

City

Kaneohe

State

HI

Zip Code

96744-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250

Date of Receipt

04 / 22 / 2015

Transaction ID : 23330-107294-c

Amount of Each Receipt this Period

25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Johnny M McElree

Mailing Address 69-1000 Koea Kai Circle
Unit 7E

City State Zip Code
Waikoloa HI 96738-6714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Century 21 All Islands

Occupation

Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2015

Transaction ID : 30687-107293-c

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

B. Marcia S. Anderson

Mailing Address 98-500 Koauka Loop
Apt. 9B

City State Zip Code
Aiea HI 96701-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surface Prep & Coating Tech

Occupation

Self-employed contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.8

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2015

Transaction ID : 3477-107296-c

Amount of Each Receipt this Period

8.95

Full Name (Last, First, Middle Initial)

C. Mark A. Torreano

Mailing Address 343 Hobron Lane
Apt. L101

City State Zip Code
Honolulu HI 96815-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 134357-107323-c

Amount of Each Receipt this Period

25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Vincent Faggioli

Mailing Address 95-200 Anuanu Place

City Mililani State HI Zip Code 96789-5576

FEC ID number of contributing federal political committee.

C

Name of Employer

US Army

Occupation

Civilian Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400

Date of Receipt

04 / 24 / 2015

Transaction ID : 136039-107326-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

B. Janice M. Hellreich

Mailing Address 225 Kuuhua Place

City Kailua State HI Zip Code 96734-2734

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Speech Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950

Date of Receipt

04 / 24 / 2015

Transaction ID : 27743-107324-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

3075.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 27

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Axia Bankcard MerchantMailing Address 1311 Kapiolani Boulevard
Suite 512

City Honolulu State HI Zip Code 96814-4558

Purpose of Disbursement
Merchant Services

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 01 2015**Transaction ID : SB21B136123107153e**

Amount of Each Disbursement this Period

137.94

Full Name (Last, First, Middle Initial)

B. Sprint

Mailing Address PO Box 219100

City Kansas City State MO Zip Code 64121-9100

Purpose of Disbursement
Telephone

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 01 2015**Transaction ID : SB21B106033107130e**

Amount of Each Disbursement this Period

20.8

Full Name (Last, First, Middle Initial)

C. Blakely C Parsons

Mailing Address 2154 Makaanani Drive

City Honolulu State HI Zip Code 96817-2034

Purpose of Disbursement
Administrative/Salary/Overhead: Salary

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 03 2015**Transaction ID : SB21B116032107068e**

Amount of Each Disbursement this Period

1874.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2033.49

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Blakely C Parsons

Mailing Address 2154 Makanani Drive

City Honolulu State HI Zip Code 96817-2034

Purpose of Disbursement
Reimburse - Mailchimp; Supplies; Merchant Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : SB21B116032107164e

Amount of Each Disbursement this Period

437.34

001

Category/
Type

Full Name (Last, First, Middle Initial)

B. Eventbrite

Mailing Address 410 Townsend Street

City San Francisco State CA Zip Code 94107-1537

Purpose of Disbursement
: Reimburse - Merchant Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : SB21B-135908-496-V

Amount of Each Disbursement this Period

319.54

Category/
Type

[MEMO ITEM]

Subitemization of Blakely Parsons (04/03/15)

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 512 Means Street NW
Suite 404

City Atlanta State GA Zip Code 30318-5788

Purpose of Disbursement
: Reimburse - Email Distribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : SB21B-135909-494-V

Amount of Each Disbursement this Period

85

Category/
Type

[MEMO ITEM]

Subitemization of Blakely Parsons (04/03/15)

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

437.34

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 27

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 01

City

Los Angeles

State

CA

Zip Code

90096-8000

Purpose of Disbursement

Merchant Services

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
04D D D /
06Y Y Y Y Y Y
2015**Transaction ID : SB21B104925107166e**

Amount of Each Disbursement this Period

15.51

Full Name (Last, First, Middle Initial)

B. Axia Bankcard MerchantMailing Address 1311 Kapiolani Boulevard
Suite 512

City

Honolulu

State

HI

Zip Code

96814-4558

Purpose of Disbursement

Merchant Services

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
04D D D /
13Y Y Y Y Y Y
2015**Transaction ID : SB21B136123107180e**

Amount of Each Disbursement this Period

13.9

Full Name (Last, First, Middle Initial)

C. Direct Mail Systems Inc.

Mailing Address 12450 Automobile Boulevard

City

Clearwater

State

FL

Zip Code

33762-4427

Purpose of Disbursement

Fundraising: Printing Direct Mail

003

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
04D D D /
14Y Y Y Y Y Y
2015**Transaction ID : SB21B136759107182e**

Amount of Each Disbursement this Period

1544.48

SUBTOTAL of Disbursements This Page (optional)..... ►

1573.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Bank Of Hawaii

Mailing Address PO Box 2900

City	State	Zip Code
Honolulu	HI	96846-0001

Purpose of Disbursement
Bank Services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2015

Transaction ID : SB21B-4-107186-e

Amount of Each Disbursement this Period

35.3

Full Name (Last, First, Middle Initial)

B. EFTPS

Mailing Address PO Box 173788

City	State	Zip Code
Denver	CO	80217-3788

Purpose of Disbursement
Payroll Tax

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2015

Transaction ID : SB21B105225107184e

Amount of Each Disbursement this Period

1546.48

Full Name (Last, First, Middle Initial)

C. Hawaii State Tax Collector - SWT

Mailing Address PO Box 3827

City	State	Zip Code
Honolulu	HI	96812-3827

Purpose of Disbursement
Payroll Tax

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2015

Transaction ID : SB21B105393107185e

Amount of Each Disbursement this Period

352.48

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1934.26

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Hawaii Republican Party

A. Blakely C Parsons

Mailing Address 2154 Makanani Drive

City	State	Zip Code
Honolulu	HI	96817-2034

Purpose of Disbursement	Reimburse - BRM renewal; call minutes; audio supplies; data validation
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays showing the date in MM/DD/YYYY format: 04/15/2015.

Transaction ID : SB21B116032107183e

Amount of Each Disbursement this Period

347.81

Full Name (Last, First, Middle Initial)

B. USPS Downtown

Mailing Address Downtown Station
335 Merchant St.

City	State	Zip Code
Honolulu	HI	96813-9998

Purpose of Disbursement
: Reimburse - BRM renewal

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
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90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B-106121-497-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of Blakely Parsons (04/15/15)

Full Name (Last, First, Middle Initial)

C. LCA Bank Corporation

Mailing Address PO Box 1650

City	State	Zip Code
Troy	MI	48099-1650

Purpose of Disbursement	Copier Rental
-------------------------	---------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B136518107189e

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	103.98
25-34	~95
35-44	~90
45-54	~85
55-64	~80
65-74	~75
75-84	~70
85+	~65

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

451.79

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Eric Ching

Mailing Address 1319 Ala Alii Street

City Honolulu State HI Zip Code 96818-1858

Purpose of Disbursement
Inkind: Water Cooler Maintenance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SB21B136786107193i

Amount of Each Disbursement this Period

98.04

Full Name (Last, First, Middle Initial)

B. Ms. Patricia O Lohr

Mailing Address 1296 Kapiolani Boulevard
Apt. 2906

City Honolulu State HI Zip Code 96814-2886

Purpose of Disbursement
Inkind: Mortgage Principal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SB21B-27849-107190-i

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Blakely C Parsons

Mailing Address 2154 Makanani Drive

City Honolulu State HI Zip Code 96817-2034

Purpose of Disbursement
Administrative/Salary/Overhead: Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SB21B116032107179e

Amount of Each Disbursement this Period

1874.75

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2972.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 27

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Eric Ching

Mailing Address 1319 Ala Alii Street

City Honolulu State HI Zip Code 96818-1858

Purpose of Disbursement
Inkind: In Kind - Water

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 21 2015
Transaction ID : SB21B136786107340i

Amount of Each Disbursement this Period

18.01

Full Name (Last, First, Middle Initial)

B. Blakely C Parsons

Mailing Address 2154 Makaanani Drive

City Honolulu State HI Zip Code 96817-2034

Purpose of Disbursement
Reimburse - Postage Permit Deposit

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 22 2015
Transaction ID : SB21B116032107245e

Amount of Each Disbursement this Period

100

Full Name (Last, First, Middle Initial)

C. USPS DowntownMailing Address Downtown Station
335 Merchant St.

City Honolulu State HI Zip Code 96813-9998

Purpose of Disbursement
: Reimburse - Postage Permit Deposit

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 22 2015
Transaction ID : SB21B-106121-501-V

Amount of Each Disbursement this Period

100

[MEMO ITEM]

Subitemization of Blakely Parsons (04/22/15)

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

118.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. IMS, LLCMailing Address 46-005 Kawa Street
Suite 308

City Kaneohe State HI Zip Code 96744-3838

Purpose of Disbursement
Accounting & Compliance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : SB21B105483107300e

Amount of Each Disbursement this Period

922.6

Full Name (Last, First, Middle Initial)

B. Bank Of Hawaii

Mailing Address PO Box 2900

City Honolulu State HI Zip Code 96846-0001

Purpose of Disbursement
Bank Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SB21B-4-107301-e

Amount of Each Disbursement this Period

38.93

Full Name (Last, First, Middle Initial)

C. EFTPS

Mailing Address PO Box 173788

City Denver State CO Zip Code 80217-3788

Purpose of Disbursement
FUTA Payroll Tax

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SB21B105225107302e

Amount of Each Disbursement this Period

42

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1003.53

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. State Tax Collector - SUI

Mailing Address PO Box 3223

City

Honolulu

State

HI

Zip Code

96801-3223

Purpose of Disbursement

State Unemployment Insurance

Candidate Name

001

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Transaction ID : SB21B106056107333e

Amount of Each Disbursement this Period

631.58

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

631.58

11156.68

SCHEDULE H1 (FEC Form 3X)**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

USE ONLY ONE SECTION, A or B

Transaction ID : H1

A. State and Local Party Committees**Fixed Percentage (select one)**

_____ Presidential-Only Election Year (28% Federal)

☒ _____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 24 OF 27

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
Hawaii Republican Party

NAME OF ACCOUNT
Hawaii Republican Party - State

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

TOTAL AMOUNT TRANSFERRED

959.59

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

959.59

Transaction ID : H3A-42093-46

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred).....

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 25 OF 27

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
Hawaii Republican Party

NAME OF ACCOUNT
Hawaii Republican Party - State

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

TOTAL AMOUNT TRANSFERRED

2554.73

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

2554.73

Transaction ID : H3A-42106-47

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

3514.32

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

3514.32

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 26 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) AOAO Imperial Plaza		Transaction ID : H4-105368-107112-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 711 Kapiolani Boulevard Suite 700					
City Honolulu	State HI	Zip Code 96813-5249			
Purpose of Disbursement: Maintenance & Utilities				Allocated Activity or Event Year-To-Date 9989.22	
Activity or Event Identifier: 2015-2016 Administrative		Category/ Type		Date 04 / 01 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
972.42			1728.74		2701.16

B. Full Name (Last, First, Middle Initial) Central Pacific Bank		Transaction ID : H4-5-107151-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 135010					
City Honolulu	State HI	Zip Code 96801-5010			
Purpose of Disbursement: Mortgage				Allocated Activity or Event Year-To-Date 9989.22	
Activity or Event Identifier: 2015-2016 Administrative		Category/ Type		Date 04 / 01 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
539.77			959.59		1499.36

C. Full Name (Last, First, Middle Initial) Family Health Hawaii, mbx		Transaction ID : H4-135838-107111-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1440 Kapiolani Boulevard Suite 1000					
City Honolulu	State HI	Zip Code 96814-3612			
Purpose of Disbursement: Health Insurance				Allocated Activity or Event Year-To-Date 9989.22	
Activity or Event Identifier: 2015-2016 Administrative		Category/ Type		Date 04 / 01 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
122.16			217.17		339.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1634.35		2905.50		4539.85

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 27 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) Hawaiian Telcom		Transaction ID : H4-105420-107129-e		Allocated Activity or Event:	
Mailing Address 711 Kapiolani Boulevard				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Honolulu State HI Zip Code 96813-5237				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Telephone				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: 2015-2016 Administrative		Category/ Type		Allocated Activity or Event Year-To-Date 9989.22	
				Date <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
257.61			457.96		715.57

B. Full Name (Last, First, Middle Initial) Oceanic Time Warner Cable		Transaction ID : H4-105782-107113-e		Allocated Activity or Event:	
Mailing Address PO Box 30050				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Honolulu State HI Zip Code 96820-0050				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Cable				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: 2015-2016 Administrative		Category/ Type		Allocated Activity or Event Year-To-Date 9989.22	
				Date <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.86			150.86		235.72

C. Full Name (Last, First, Middle Initial)				Allocated Activity or Event:	
Mailing Address				<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City State Zip Code				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement:				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Category/ Type		Allocated Activity or Event Year-To-Date	
				Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
342.47		608.82		951.29

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
1976.82		3514.32		5491.14